A guide to effective MDT Meetings

Multidisciplinary team meetings (MDTM) are essential to the best practice of cancer. The meeting provides a forum in which a patient with cancer can be managed through timely, evidence based approach to diagnosis and treatment planning. Standardised MDT processes will not only provide data to measure activity and effectiveness, but will also encourage facilities to provide personnel and resources needed for the MDT to function. The guide potentially ensures MDTMs in Queensland are effective in the delivery of high quality cancer care. It is suggested MDTs develop terms of reference and a standard operating procedure manual.

1. Statement of purpose - a statement of the primary and secondary functions of the MDTM.
2. Criteria and protocols for case discussions- an agreed protocol to determine methods of ensuring patients who need MDT involvement are discussed e.g. all new patients.
3. Meeting format- the agreed time, venue and frequency of the MDTM.
4. Chair- a clinical leader to oversee the operation of the MDTM ensuring processes and protocols are adhered to and reviewed.
5. MDT Coordinator- Responsible for the administration of the MDTM and data management. Works closely with the chair, cancer care coordinator, members of the MDT, external health services and treating teams.
7. Team members with expertise in the relevant tumour stream – consultants or their delegates must be present at the MDTM discussion. An attendance record should be kept to monitor the mix of required disciplines at each meeting.
8. Resources essential to the operation of the MDTM and discussion- projection equipment for radiology, videoconferencing equipment, microscope, computer.
9. Documented team roles and responsibilities- every team member has a role within the MDTM e.g. presenter, radiologist, pathologist.
10. Documentation process- agreed protocol on what information and data will be recorded and in what formats. The use of templates and information systems can be of assistance e.g summary of discussion.
11. Communication process- agreed protocol on how the patient discussion and recommendation to the primary care provider and treating team is communicated. This may include referral management.
12. Data collection, management and auditing process- agreed protocol on data collection, and measures to inform service planning and service improvement.